

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** __03/18/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:03-20:00pm___

Members Present: Laurie Goldstein, Natalie Trainor, Larry Allen, Kim Scherek, Melissa Farling, Dee Putty, Leon Canty, Barb Honiberg
Members Absent: Alyce Klein, Ashley Oddo
Other Attendees: Isaac Contreras, Bobby Blanchett, Tim Bribiesco, Holly Gieszl, Dr. Robbins, Charles Goldstein, Jill Monohan

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest Ashley gave Laurie proxy vote for tonight's meeting due to Ashley driving	No disclosures reported
Last meeting - review and approve minutes	Review and approve previous meeting minutes	Motion, Natalie Second, Melissa Roll call, unanimous
Review Action Items and response	ASH did report work order for the door in question. ASH reported differences in restraints/seclusions and the differences and also provided a PowerPoint. IOC appreciated the information/graphs and would like more info on the populations on the charts and how to compare them. Is the For WPSHA Mechanical	ICO would like more info on the populations mentioned on the charts in the PowerPoints- are the population and numbers similar?

	<p>Restraint Incidents by Hospital FY20 data normalized by patient volume? If not, are these hospitals all similar in number of patients?</p> <p>ASH reported 80% of patients vaccinated and they will soon use a phase approach to reopen normal programming. As of 3/15 hours and rehabs are no longer restricted. Members may comeingle. ASH will continue to monitor transition and respond accordingly.</p> <p>ASH reiterated that electronic devices must come from the one catalog- Walkenhorst.</p>	<p>Motion, Dee Second, Melissa Roll call, unanimous</p>
<p>Educational Session- Risk Assessments</p>	<p>Dr. Donna Robinson gave educational overview of the risk assessments.</p> <p>PowerPoint and Sample available for board members.</p> <p>Members and patients on the meeting were able to ask questions.</p> <p>Dr. Robinson would not comment on specific hospitals or cases, but gave general information which was informative for the meeting members.</p>	
<p>ADOA update</p>	<p>None from Larry.</p>	
<p>Bylaw Review</p>	<p>Bylaws shared with group- review of purpose statement by group. Law about 3-year term of members was considered. Replace “shall” with “may” since participation is voluntary. On the membership categories such as committee must have a patient or former patient on the committee. All references to to membership will replace shall with may.</p> <p>Other committees have members from the entities they represent attend. Other IOC; reported that their agencies like AHCCCS and other agencies (DD) also participated. IOC would like to encourage our entities to participate.</p>	<p>IOC would like to extend terms to 7 years for members.</p> <p>Motion, Natalie Second, Laurie Roll Call, unanimous</p> <p>IOC would like to make the shall/may verbiage change.</p> <p>Motion, Natalie Second, Dee Roll Call, unanimous</p>

	<p>ASH would like to ask for director support for active participation from ASH administration at the meetings.</p>	<p>IOC will ask ADOA director to encourage more participate from ASH in the board meeting.</p> <p>Motion, Barb Second, Melissa Roll Call, unanimous</p>
ASH Admin Update	None.	
Overview of Incident/Accident Reports	<p>ASH2021-0424: unwitnessed report, camera/video did not catch incident. Another example of why a new surveillance system is needed.</p> <p>ASH2021-8403: issue and transport of individual that stemmed from lack of food, patient stated a seizure was coming on, then had what appeared to be a seizure. They reviewed the video and then sent it for review- extra follow-up appreciated.</p> <p>ASH2021-0558: another incident where video was needed but was not able to be used.</p> <p>ASH2021-0681: dayroom incident where individual picked up a table. IOC wondering what type of table?</p> <p>ASH2021-0410 :patient opening shaver and removing the blade. IOC</p> <p>ASH2021-0416: report of patients “always touching” Noted the clinical team is working.</p> <p>Noted name mechanical restraints and seclusions that were over an hour. Laurie to create chart to determine how many individuals are involved.</p>	
Patient Visit/ Virtual Visits	<p>One patient asked about the risk assessment and offered to use their assessment for the presentation, Dr. Robinson chose to use another example rather than a current patient. This patient asked about outdoor visits as we return to some normalcy after COVID.</p>	

	<p>One patient asking about married people in the hospital. Noted the treatment teams looking in to stance on married individuals.</p> <p>A patient on a hunger strike passed out and had injuries/concussion etc.</p> <p>One patient missed a court time due to not being prepared. IOC suggested telling their lawyer.</p> <p>One patient did not have writing material to write a grievance.</p> <p>A patient was not able to use restroom in the bedroom after meds and had to use day room restroom and felt humiliated. Wanted more privacy and to use different restroom. This person said that their appointments are not happening correctly or timely.</p> <p>A patient had visits cancelled because ASH thought visitors might be recording. Patient was not aware of this policy. IOC wondering if virtual visit guidelines can be provided to patients and teams since there are more virtual visits.</p> <p>IOC noted that it is unfortunate that ASH staff does not participate in meetings to answer questions and help with problem solving. A more involved presence from ASH would be valuable and appreciated.</p> <p>IOC discussed that medical treatment out outside time is reported to be denied to patients in seclusion or administrative separation.</p>	<p>IOC would like to know about access to equal treatment in separation- do they regularly get denied? Why might they be denied? Is medical treatment denied?</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
Public Comment	<p>Patient dislikes the catalog practice. That is not how contraband gets in. Staff brings in items often. Feeling retaliation and discipline issues. Would like audio recording available. Reported unfair treatment.</p> <p>Bribiesco reported winning case and now receiving retaliation. Says the reports of poor</p>	

	<p>videos are false. Reported that marriage is a civil right. Disliked females watching him use the restroom. Staff have told patients to avoid him. Denies aggressive behavior.</p> <p>Deborah Beikowski wants to know if asst attorney general goes to staffing. Laurie reminded her that we IOC cannot respond in public comment. Reported that AAG did not know laws and requirements.</p> <p>Jill Monohan thanked IOC. Reported poor culture and retaliation specifically due to her marriage. Staff reported her and her husband can't touch/hug and saying she controls her husband. Reported being harassed. Reports that nursing had too much control and there isn't enough communication or support. Reported being compared to past couples. Would like a meeting with Jackie. A staff told her "if you complain about [something] your privileges will be taken away." Feels that it's a supervision/management issue.</p>	
Adjournment		<p>Motion, Barb Second, Melissa Roll Call, unanimous</p>